

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		2					53						
4		2					54						
5	MA	0					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11	1						61						
12		1					62						
13		2					63						
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21		0					71						
22		0					72						
23		0					73						
24	1						74						
25		1					75						
26		2					76						
27			1				77						
28				1			78						
29							79						
30							80						
31							81						
32							82						
33							83						
34			1				84						
35				1			85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		2				TOTAL IND.						
TOTAL DEP.	27		7				TOTAL DEP.						
TOTAL CLAIMS	30		9				TOTAL CLAIMS						